

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25929	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Stuart L Collins P O Box Bldg Room No if any United Transportation Union Street 14600 Detroit Avenue City Cleveland State Ohio ZIP Code + 4 44107	4 Name file number and address of labor organization Name United Transportation Union Labor Organization File Number 000314 P O Box Building and Room Number if any Street 14600 Detroit Avenue City Cleveland State Ohio ZIP Code + 4 44107
5 Position in labor organization Executive Director of Finance	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed	On 4/18/06 Date	216-278-9400 Telephone Number

Name of Person Filing Stuart Collins	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> United Healthcare Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> PO Box 1504 3 Street <input type="text"/> 450 Columbus Blvd CT030-13NA City <input type="text"/> Hartford State <input type="text"/> Connecticut ZIP Code + 4 <input type="text"/> 06103	14 a Nature of payment: <input type="text"/> See attached insert for complete explanation
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment <input type="text"/> \$1 015

Stuart L. Collins
For, LM-30 for Tax Year ended December 31, 2005
Insert, Part C, Item 14 a

United Healthcare holds a series of meetings and events in February 2005 in Miami, Florida. These events included review, analysis and discussion of health and welfare plans for the United Transportation Union employees, the Cooperating Railway Labor Organizations, and plans covered by members of United Transportation Union through collective bargaining. In addition, there are a number of events including golf and meals provided by United Healthcare in conjunction with the meetings described above. The amounts disclosed herein relate collectively to those meetings and events.